### CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating webbased and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be

- a) a guide for reporting for authors of RCTs,
- b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red \*.

In the textboxes, either copy & paste the relevant sections from your manuscript into this formplease include any quotes from your manuscript in QUOTATION MARKS,

or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF \_AND\_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):

Eysenbach G, CONSORT-EHEALTH Group

CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions

J Med Internet Res 2011;13(4):e126 URL: http://www.jmir.org/2011/4/e126/

doi: 10.2196/jmir.1923 PMID: 22209829

Your response exceeds the limit. Try shortening some of your answers.

Your name \*

First Last

Marie Yap

<sup>\*</sup> Required

Primary Affiliation (short), City, Country *	
University of Toronto, Toronto, Canada	
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marie.yap@monash.edu	
Title of your manuscript *	
Provide the (draft) title of your manuscript.	
A tailored web-based parenting intervention to prevent adolescent depression and anxiety problems: Post-intervention findings from a randomized controlled trial	
Article Preparation Status/Stage * At which stage in your article preparation are you currently (at the time you fill in this form)	
onot submitted yet - in early draft status	
not submitted yet - in late draft status, just before submission	
submitted to a journal but not reviewed yet	
submitted to a journal and after receiving initial reviewer comments	
submitted to a journal and accepted, but not published yet	
published	
Other:	
Journal *	
If you already know where you will submit this paper (or if it is already submitted), please provide t journal name (if it is not JMIR, provide the journal name under "other")	:he
not submitted yet / unclear where I will submit this	
<ul> <li>Journal of Medical Internet Research (JMIR)</li> </ul>	
Other:	
Manuscript tracking number *	
If this is a JMIR submission, please provide the manuscript tracking number under "other" (The manuscript tracking	MIR. If
no ms number (yet) / not (yet) submitted to / published in JMIR	
Other:	

#### TITLE AND ABSTRACT

#### 1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? \*

I.e does the title contain the phrase	e "Randomized Controlled Trial"? (if not, explain the reason under "other"
yes	
Other:	
title. Avoid ambiguous terms like "includes non-web-based Internet coffline products are used. Use "virt in the context of "online support gr	ery in the title rably use "web-based" and/or "mobile" and/or "electronic game" in the online", "virtual", "interactive". Use "Internet-based" only if Intervention components (e.g. email), use "computer-based" or "electronic" only if ual" only in the context of "virtual reality" (3-D worlds). Use "online" only oups". Complement or substitute product names with broader terms for bile" or "smart phone" instead of "iphone"), especially if the application
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not in the ms, or briefly explain why "A tailored web-based parenting	anuscript), or elaborate on this item by providing additional information the item is not applicable/relevant for your study  ntervention to prevent adolescent : Post-intervention findings from a
Mention non-web-based compone support").	nts or important co-interventions in title nts or important co-interventions in title, if any (e.g., "with telephone
subitem not at all important (	
Does your paper address subite Copy and paste relevant sections f indicate direct quotes from your m	m 1a-ii?  rom manuscript title (include quotes in quotation marks "like this" to anuscript), or elaborate on this item by providing additional information the item is not applicable/relevant for your study
	et group in the title t group in the title, if any (e.g., "for children with Type I Diabetes") Intervention with Telephone Support for Children with Type I Diabetes:

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Randomized Controlled Trial

#### Does your paper address subitem 1a-iii? \*

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"A tailored web-based parenting intervention to prevent adolescent
depression and anxiety problems: Post-intervention findings from a
randomized controlled trial"

### 1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

#### 1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)



#### Does your paper address subitem 1b-i? \*

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Parents in the intervention condition received PiP, a tailored web-based parenting intervention designed following Persuasive Systems Design principles to target parenting factors associated with adolescents' risk for depression and anxiety problems. PiP comprises a tailored feedback report highlighting each parent's strengths and areas for improvement, followed by a set of interactive online modules (up to nine) that is specifically recommended for the parent, based on individually identified areas for improvement. Parents in the active control condition received

#### 1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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subitem not at all important	0	0	0	•	0	essential

#### Does your paper address subitem 1b-ii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Parents in both conditions received a 5-minute weekly call to encourage progress through their allocated program to completion. Both programs were delivered weekly via the trial website."

#### 1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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#### Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"A 2-arm randomized controlled trial was conducted with 359 parentadolescent dyads, recruited primarily through schools across Australia. Parents and adolescents completed online measures of parenting and adolescent symptoms at baseline and 3 months later (post-intervention)."

#### 1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

#### Does your paper address subitem 1b-iv?

Attrition was handled using mixed-model repeated-measures ANOVA. As hypothesized, we found a significant condition-by-time interaction on the PRADAS, with a medium effect size, Cohen's d = 0.57, [95% CI: 0.34, 0.79]. No significant differences between conditions were found at post-intervention on any of the secondary outcome measures, with adolescent depressive (parent-report only) and anxiety (both parent-and adolescent-report) symptoms decreasing significantly from baseline to post-intervention in both conditions."

#### 1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

#### Does your paper address subitem 1b-v?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable: the intervention had a a significant interaction effect on the primary outcome.

#### **INTRODUCTION**

### 2a) In INTRODUCTION: Scientific background and explanation of rationale

#### 2a-i) Problem and the type of system/solution

Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

#### Does your paper address subitem 2a-i? \*

"Depression and anxiety disorders are amongst the most common mental disorders, affecting 18% and 38% respectively of young people aged 13–17 years [1]."

"The Partners in Parenting program is a tailored web-based parenting intervention to prevent adolescent depression and anxiety problems (see [21] for more details). ... The program's automated tailoring feature screens each parent on a wide range of parenting factors known to influence risk for adolescent depression and anxiety. This identifies

#### 2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

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#### Does your paper address subitem 2a-ii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Preventive parenting programs have been developed to capitalise on parents' influence on their child's development and mental health, based on the underlying assumption that changing parenting (mediators) will in turn change a child's risk for depression and anxiety [12]. A recent systematic review and meta-analysis found that preventive interventions primarily targeting parents (i.e. most of the intervention is with the parent(s), as opposed to the child or involving the whole family) have beneficial effects on the child's internalizing (depression and anxiety)

#### 2b) In INTRODUCTION: Specific objectives or hypotheses

#### Does your paper address CONSORT subitem 2b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The primary aim of this study was to evaluate the effects of the Partners in Parenting (PiP) intervention, compared to an active-control condition (educational factsheets on adolescent development and well-being) in a randomized controlled trial (RCT). Specifically, we hypothesized that compared to the control group, parents who received PiP will show:

1) Greater improvements in parenting risk and protective factors from baseline to post-intervention (primary outcome), using the Parenting to

#### **METHODS**

### 3a) Description of trial design (such as parallel, factorial) including allocation ratio

#### Does your paper address CONSORT subitem 3a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information

not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This study was a parallel-group superiority RCT with parent-adolescent dyads randomly allocated in a 1:1 ratio to one of two conditions: 1) The Partners in Parenting intervention (PiP) or 2) Educational factsheets (Control intervention)."

### 3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

#### Does your paper address CONSORT subitem 3b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable - no changes were made.	

#### 3b-i) Bug fixes, Downtimes, Content Changes

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

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#### Does your paper address subitem 3b-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The mean time interval between parent baseline and post-intervention assessment completions was 118 days (SD = 34.4, median = 105, ranging from 86 to 279). The mean time interval between child baseline and post-intervention assessment completions was 110 days (SD = 28.0, median = 99, ranging from 85 to 277 days). These time intervals did not differ significantly between conditions. The wide interval ranges were due to programming errors, ...The proportion of participants who were affected by this technical error did not differ between conditions."

#### 4a) Eligibility criteria for participants

#### Does your paper address CONSORT subitem 4a? \*

"To be eligible, parents had to have a target child aged 12-15 years, regular access to the internet and an email account, and reside in Australia. Computer/internet literacy was an implicit eligibility criterion. They were asked to provide consent and contact details for their child to participate in the trial, but could still participate if their adolescent declined participation. For each family, only one parent and one child could be included in the trial. Participants were not excluded if the adolescent scored in the clinically elevated range (as determined by

#### 4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

#### Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Computer/internet literacy was an implicit eligibility criterion"

#### 4a-ii) Open vs. closed, web-based vs. face-to-face assessments:

Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

#### Does your paper address subitem 4a-ii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"359 parent-adolescent dyads were recruited primarily via government, Catholic, and independent schools across the state of Victoria in Australia. ... Other means of recruitment included disseminating advertisement flyers via social media, online networks, and through mental health organizations (e.g. beyondblue, Mental Health First Aid Australia). "

"The study was primarily conducted online via automated emails to parents and a dedicated RCT website, through which parents received

#### 4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also

item X26	), as this i	information	may have a	n effect c	n user	self-selection	user	expectation	and ma	y also
bias resu	lts.									

#### Does your paper address subitem 4a-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Appendix 4: Participant informed consent documentation"

#### 4b) Settings and locations where the data were collected

#### Does your paper address CONSORT subitem 4b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 4a-ii.

#### 4b-i) Report if outcomes were (self-)assessed through online questionnaires

Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

#### Does your paper address subitem 4b-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 4b.

#### 4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

#### Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not relevant. Nonetheless, participant informed consent documentation has been provided as Appendix 4.

#### 5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

#### 5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a "Conflict of interest" section or mentioned elsewhere in the manuscript).

#### Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The Partners in Parenting intervention [21] is a web-based parenting program which is part of the broader Parenting Strategies research translation online platform [35]."
"Conflicts of Interest
Yap, Jorm and Lawrence are co-developers of the Partners in Parenting intervention, and Yap and Jorm are co-founders of the broader Parenting Strategies online platform of parenting interventions, including Partners in Parenting. None of these authors derives a personal

#### 5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

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#### Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The Partners in Parenting program is a tailored web-based parenting intervention to prevent adolescent depression and anxiety problems (see [21] for more details). Its content is derived from Parenting Guidelines [28] which were developed through a rigorous 2-stage process involving a systematic review of parenting risk and protective factors associated with adolescent depression and anxiety [12]; and a Delphi study of international expert consensus about parenting strategies that are important for reducing risk for adolescent depression

#### 5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was "frozen" during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

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#### Does your paper address subitem 5-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The programming of the intervention was first completed in July 2015 and was not modified throughout the trial."

#### 5-iv) Quality assurance methods

Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

#### Does your paper address subitem 5-iv?

#### 5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

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#### Does your paper address subitem 5-v?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Appendix 1: Screenshots of the Partners in Parenting intervention"	
	//

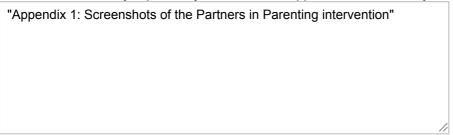
#### 5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, <a href="webcitation.org">webcitation.org</a>, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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#### Does your paper address subitem 5-vi?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study



#### 5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained "access to the platform and Internet" [1]. To ensure access for editors/reviewers/readers, consider to provide a "backdoor" login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

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Does your paper address subitem 5-vii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Upon logging in to their parenting program, parents were presented with their recommended modules as well as other available modules."

#### 5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1]," whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback" [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

#### Does your paper address subitem 5-viii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The Partners in Parenting intervention (PiP)
The Partners in Parenting intervention [21] is a web-based parenting program which is part of the broader Parenting Strategies research translation online platform [35]...

Table 1. Guidelines topics, corresponding sections of the parenting scale (PRADAS) and personalized feedback report, title of interactive modules, and outline of content.

#### 5-ix) Describe use parameters

Describe use parameters (e.g., intended "doses" and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

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#### Does your paper address subitem 5-ix?

See response to subitem 5-viii above.

#### 5-x) Clarify the level of human involvement

Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as "type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered". It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

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#### Does your paper address subitem 5-x?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"In addition to receiving their web-based program (described below), all parent participants received a weekly phone call from a researcher, .... These calls were intended to address any study-related questions or troubleshoot technical issues that arose, encourage parents to progress through their allocated intervention each week till completion, and enhance parents' engagement."

#### 5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).



#### Does your paper address subitem 5-xi? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

[See response to subitem 5-x]

"Parents were directed to their first selected module immediately after they had completed their baseline assessment and received their feedback report. Thereafter parents were notified via weekly automated emails as their next module was made available for them through their personalized dashboard, until they had completed their whole program.

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability.

	1	2	3	4	5	
subitem not at all important				•		essential

#### Does your paper address subitem 5-xii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

	J	 <b></b>	
No co-interventions provided.			
			,

# 6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

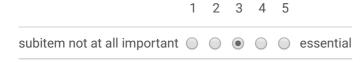
#### Does your paper address CONSORT subitem 6a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

# "Outcomes Parents and adolescents were asked to complete online assessments comprising the following measures at baseline and three months later. The latter timepoint was designated as the post-intervention assessment, based on the expectation that most parents would have completed their intervention (maximum of nine modules, one per week) by then.

#### 6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].



#### Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

7	CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form
	Not applicable.
	ba-ii) Describe whether and how "use" (including intensity of use/dosage) was lefined/measured/monitored
(	Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be eported in any ehealth trial.
	1 2 3 4 5
S	subitem not at all important 🔘 🔘 💿 🔘 essential
	[40],"
	ba-iii) Describe whether, how, and when qualitative feedback from participants was obtained Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, eedback forms, interviews, focus groups).
	1 2 3 4 5
S	subitem not at all important 🔘 🔘 🔘 essential
	Ooes your paper address subitem 6a-iii?
	Copy and paste relevant sections from manuscript text
	Not applicable

### 6b) Any changes to trial outcomes after the trial commenced, with reasons

#### Does your paper address CONSORT subitem 6b? \*

Not applicable - no changes made to trial outcomes after trial commencement.	
	//

#### 7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

#### 7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.



#### Does your paper address subitem 7a-i?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

#### "Sample size

For a repeated measures design, with 1 pre-intervention measure and 2 post-intervention measures, using the ANCOVA method of sample size calculation and assuming a 0.70 correlation between pre-post measurements, ...."

### 7b) When applicable, explanation of any interim analyses and stopping guidelines

#### Does your paper address CONSORT subitem 7b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

,	 		
Not applicable			
			/

### 8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group

#### Does your paper address CONSORT subitem 8a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The random sequence generation was automated within the trial website via software architecture, with participant assignment revealed to parents only after parent and adolescent (if applicable) baseline assessments had been completed, hence ensuring allocation concealment. Parent-adolescent dyads were randomly assigned in a 1:1 ratio with no stratification, resulting in 179 dyads allocated to PiP, and 180 dyads to the control condition."

### 8b) Type of randomisation; details of any restriction (such as blocking and block size)

#### Does your paper address CONSORT subitem 8b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to
indicate direct quotes from your manuscript), or elaborate on this item by providing additional information
not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 8a.		

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

#### Does your paper address CONSORT subitem 9? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 8a.		
		,

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Does your paper address CONSORT subitem 10? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 8a.

# 11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

#### 11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

	1	2	3	4	5	
subitem not at all important				0		essential

#### Does your paper address subitem 11a-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"It was not possible to blind parents to their assignment due to the informed consent procedures. The research officers who spoke to parents for their weekly calls were also not blind to the parent's assignment, as they had to tailor the script to match the program the parent was receiving. Adolescents were not informed of their parent's assignment, so were assumed to be 'blind' to this."

#### 11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".



#### Does your paper address subitem 11a-ii?

See response to 11a-i above.

### 11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

#### Does your paper address CONSORT subitem 11b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

,,,,,,,,,,,,,,,,,,
ot relevant

### 12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

#### Does your paper address CONSORT subitem 12a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We conducted all analyses on an intention-to-treat basis, using mix effects model repeated measures (MMRM),"						

#### 12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

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subitem not at all important	0			•		essential

Does your paper	address	subitem	12a-i?
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 12a.	

### 12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

#### Does your paper address CONSORT subitem 12b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Post-hoc analyses were also conducted to explore whether intervention effects differed depending on adolescents' depression or anxiety symptom levels at baseline. SPSS PROCESS macros [42] were used to conduct these moderation analyses, ...."

# X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval



#### Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Ethics and informed consent This RCT was approved by the Monash University Human Research Ethics Committee, CF14/3887 - 2014002024."	
	,

#### x26-ii) Outline informed consent procedures

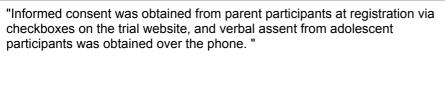
Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent

documents.

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subitem not at all important	0			•	$\bigcirc$	essential

#### Does your paper address subitem X26-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study



#### X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)



#### Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants were followed up by a provisional psychologist (post-graduate
doctoral candidate in clinical psychology) if the parent-adolescent dyad
both reported elevated symptoms in the adolescent,"

#### **RESULTS**

# 13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

#### Does your paper address CONSORT subitem 13a? \*

"Parent-adolescent dyads were randomly assigned in a 1:1 ratio with no stratification, resulting in 179 dyads allocated to PiP, and 180 dyads to the control condition."

"Figure 1 provides further details on participant flow from enrolment to post-intervention assessment, organized according to the CONSORT quidelines."

### 13b) For each group, losses and exclusions after randomisation, together with reasons

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Figure 1"		
		//

#### 13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

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subitem not at all important			•			essentia

#### Does your paper address subitem 13b-i?

Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Intervention completion and adherence rates within the whole sample
At the time of data extraction, the average intended program usage
within the intervention group (n = 179) was 6.85 out of the nine modules
available for selection in the personalized program. ....

Intervention completion and adherence rates within follow-up sample Of the 318 parents who completed the post-intervention assessment, 165 (Control=108, Intervention=57) completed 100% of

#### 14a) Dates defining the periods of recruitment and followup

#### Does your paper address CONSORT subitem 14a? \*

"From August 2015 to September 2016, 359 parent-adolescent dyads	
were recruited"	
"Parents and adolescents were asked to complete online assessments	
comprising the following measures at baseline and three months later. "	
	/

#### 14a-i) Indicate if critical "secular events" fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

1 2 3 4 5
subitem not at all important \( \cap \) \( \cap \) \( \cap \) essential

#### Does your paper address subitem 14a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable - no critical events noted.

#### 14b) Why the trial ended or was stopped (early)

#### Does your paper address CONSORT subitem 14b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable.			
			/

### 15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

#### Does your paper address CONSORT subitem 15? \*

"Table 2. Sample characteristics at baseline by intervention condition"

#### 15-i) Report demographics associated with digital divide issues

In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.



#### Does your paper address subitem 15-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Table 2. Sample characteristics at baseline by intervention condition"

# 16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

#### 16-i) Report multiple "denominators" and provide definitions

Report multiple "denominators" and provide definitions: Report N's (and effect sizes) "across a range of study participation [and use] thresholds" [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants "used" the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define "use" of the intervention.



#### Does your paper address subitem 16-i? \*

See response to 13b-i.	

#### 16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only "users", with the appropriate caveats that this is no longer a randomized sample (see 18-i).

1 2 3 4 5
subitem not at all important \( \cap \) \( \cap \) \( \cap \) essential

#### Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We conducted all analyses on an intention-to-treat basis, using mixed-effects model repeated measures (MMRM), ...."

# 17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

#### Does your paper address CONSORT subitem 17a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Table 3" - this includes Cohen's d and 95% CI.

#### 17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

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Does your	paper	address	subitem	17	a-i?
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to
indicate direct quotes from your manuscript), or elaborate on this item by providing additional information
not in the ms, or briefly explain why the item is not applicable/relevant for your study

See response to 13b-i.		
		//

### 17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

#### Does your paper address CONSORT subitem 17b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not in the ma, or briefly explain why the item is not applicable, relevant for y	oui
Not applicable - no binary outcomes	
	//

# 18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

#### Does your paper address CONSORT subitem 18? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Section under subheading "Post-hoc moderation analyses"	
	//

#### 18-i) Subgroup analysis of comparing only users

A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

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Does your	paper	address	subitem	18-	-i?
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Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to
indicate direct quotes from your manuscript), or elaborate on this item by providing additional information
not in the ms, or briefly explain why the item is not applicable/relevant for your study

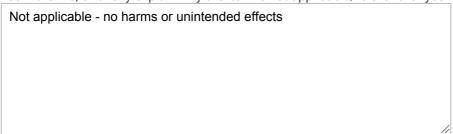
Not applicable.			
			//

### 19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

#### Does your paper address CONSORT subitem 19? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study



#### 19-i) Include privacy breaches, technical problems

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

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#### Does your paper address subitem 19-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable		
		/.

#### 19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

7		CO	NSO	RT-E	HEA	ALTH (V 1.6.1) - Submission/Publication Form	
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						//	
DISCUSSION							
benefits and ha evidence	rn	าร	, a	nc	Ιс	ent with results, balancing onsidering other relevant	
NPT: In addition, take into a unequal expertise of care p						ee of the comparator, lack of or partial blinding, and rs in each group	t
primary outcomes and pro	sur ome	nma es (u	utco arize se).	ome the	es (u ans	ze the answers suggested by the data, starting wuse) swers suggested by the data, starting with primary	i <b>th</b>
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#### 22-ii) Highlight unanswered new questions, suggest future research

Highlight unanswered new questions, suggest future research.

	1	2	3	4	5	
subitem not at all important	0	0	0	•	0	essential

#### Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Longer-term follow-up and further research is required to elucidate the associations between these short-term perceptions of parenting and longer-term adolescent depression and anxiety outcomes.

...Generally, although these post-hoc findings are promising, due to the exploratory nature of these analyses and the inconsistencies across measures, future research is required to test the efficacy of PiP as an indicated prevention intervention, in a rigorously-designed RCT."

### 20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

#### 20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

#### Does your paper address subitem 20-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Nonetheless, there are limitations to this RCT. Firstly, it recruited a large proportion of self-selected parents who were mostly mothers, highly educated, from intact families, and did not speak a language other than English at home...."

### 21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

#### 21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

subitem not at all important \( \cap \) \( \cap \) \( \cap \) \( \cap \) essential

#### Does your paper address subitem 21-i?

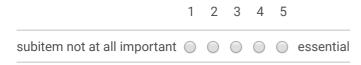
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information

not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Nonetheless, there are limitations to this RCT. Firstly, it recruited a large proportion of self-selected parents who were mostly mothers, highly educated, from intact families, and did not speak a language other than English at home. Although such sociodemographic characteristics are typical of adult participants in other online interventions [51], and are similar to a preventive online parenting intervention for preschool children [52], further research is required to determine whether PiP would have similar effects for families with different characteristics."

#### 21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.



#### Does your paper address subitem 21-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"If PiP was implemented without phone support, which conveys a sense of accountability [49], it is possible that completion rates may be closer to 40%."

"Some parents found it overwhelming to receive their personalized feedback report after completing their baseline assessment (about 45-minutes long), and then be required to start their first module immediately thereafter. In a real-world setting, this may not be such an issue as only the PRADAS, which takes less than 15 minutes to

#### OTHER INFORMATION

#### 23) Registration number and name of trial registry

#### Does your paper address CONSORT subitem 23? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Trial Registration: ANZCTR.org.au ACTRN12615000328572 https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=368274 (Archived by WebCite® at http://www.webcitation.org/6qgsZ3Aqj)"

### 24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? \*

Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable - full trial protocol has not been published	

### 25) Sources of funding and other support (such as supply of drugs), role of funders

#### Does your paper address CONSORT subitem 25? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

#### "Acknowledgements

The authors acknowledge funding from the National Health and Medical Research Council (NHMRC) for the web development of the Partners in Parenting intervention, and the partnership of beyondblue, the national depression and anxiety initiative in the development of the parenting guidelines. ... None of the funding sources had any role in the conduct or publication of this study."

#### X27) Conflicts of Interest (not a CONSORT item)

#### X27-i) State the relation of the study team towards the system being evaluated

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

	1	2	3	4	5	
subitem not at all important			•			essential

#### Does your paper address subitem X27-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Conflicts of Interest" section		

#### About the CONSORT EHEALTH checklist

As a result of using this checklist, did you make changes in your manuscript? \*

yes, major changes		,		
<ul><li>yes, major changes</li><li>yes, minor changes</li></ul>				
no				
<i>)</i> 110				
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<ul><li>yes</li></ul>				
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Any other comments or ques	stions on CONS	ORT EHEALTH		
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